## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/09/2010 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			CANADA KARANAN TANDA MARANAN M	OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			8. WIN			
		185343	0. ***	·		09/01/2010
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
COVINGTON'S CONVALESCENT CENTER				115 CAYCE ST HOPKINSVILLE, KY 42240		
		A DE DECIDION OF DECIDION OF THE PROPERTY OF T	ID		PROVIDER'S PLAN OF CORREC	TION (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAC		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION DATE
E 225	Continued From page	3.2	F	225	screening of the Kentucky	3 of 4
F 223		. She stated the checks		~~~	Abuse Registry is not perfor	
	cnecks on applicants	r before the applicant was			results printed and filed accor	
	hired The Administr	ative Assistant stated she		•	facility shall obtain and	
	knew Employee #4 w				registry check of a potential n	
	because she had left the facility to have a baby				to employment.	ion uno buoi
	and she was a rehire	. "I know, that's no excuse I			ю стрюушем.	
	should have conduct	ed the abuse checks on		:	Systemic changes:	
	them before they we				Systemic changes:	
			:		Covington's Convalescent	Center Inc
	An interview with the Assistant Administrator, on		revised and updated its			
	09/01/10 at 10:30 AM, revealed abuse checks			procedure to include protocol whereby, a		
	were normally compl	eted before an applicant was			new employee must sign docu	
	interviewed for a pos	ition. He stated, "It was an instrative Assistant's part".	i	:	a print out from the Kentuck	
	Over-site on the Aom	Illistrative Assistant's part		;	Abuse Registry attesting to t	
				i	completion and validation	
				:	beginning their new employ	
				:	revised new employee check	
					but is not limited to the follow	
					1. Application for empl	
					2. Drug Screening,	
	1				3. Abuse Registry	Check: w/
					signature and/or va	
					4. License or certificati	
					5. Criminal record chec	
					6. Kentucky new hire r	· ·
					7. Code of conduct rev	
					8. Attendance policy,	•
					9. W-4 form,	
1					10. T B skin test,	
					11. Medical question nai	re,
				:	12. Pre -employment-app	
					procedures in in-serv	
					13. Curren t telephone nu	
					In-services with all departme	
					participate in the hiring p	
					conducted with Keena Danie	I, DON, RN.,



## 115 Cayce Street Hopkinsville, KY 42240

Business: (270) 886-4403

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Cathlee Kington, RN, DON, Mary Irvin, Food Services Supervisor, and Jackie Byron Laundry and Housekeeping Supervisor. Richard Covington, Asst. Administrator performed the in-services on 09/02/10 and on 09/14/10 and presented the documentation to the administrator accordingly.

## Monitoring:

William Covington, Administrator, and/or his designee, Sherry Grace, Administrative Assistant will ensure that all abuse registry checks have been conducted, validated, and documented for a potential new hire prior to employment. Monitoring protocol has been instituted so that each potential new hire employee information packet contains a Delineated Revised Checklist that must be completed prior to being employed by the facility. Department heads Keena Daniel, RN, DON, Cathlee Kington, RN, DON, Mary Irvin, Food-Service Supervisor, and Jackie Byron, Housekeeping and Laundry Supervisor, who are involved in the hiring process, will participate in CQI Quarterly Meetings to ensure that the facility protocol is followed, in regard to all potential new hire employees. CQI reports will be filed with the administrator.

Completion Date: 09/16/2010